INTRODUCTION

Healthy People 2010: Understanding and Improving Health contains 467 objectives in 28 Focus Areas targeting improvements in the health of all Americans by the year 2010.[1] Following on lessons learned from the *Healthy People 2000* experience, the guiding vision in the development of this national initiative for the first decade of the 21st century was *healthy people in healthy communities.* The underlying premise of *Healthy People 2010* (HP2010) is that the health of the individual is almost inseparable from the health of the larger community, and that the health of every community in every State will ultimately determine the overall health of the nation. *Healthy People 2010* is designed to achieve two overarching goals: 1) to increase the quality and years of healthy life; and 2) to eliminate health disparities. These goals are supported by the specific objectives in each Focus Area, which were developed by collaborative work groups comprised of a diverse range of individuals and organizations with subject area expertise and through public inputs. The Healthy People Consortium – an alliance of over 350 national organizations and 250 State public health, mental health, substance abuse, and environmental agencies – conducted national and regional meetings on health priorities during the late 1990's, and provided reviews and comments on the draft materials being prepared for *Healthy People 2010.* The final HP2010 objectives were published in November 2000 under the direction of the U.S. Department of Health and Human Services, and coordinated by the Office of Disease Prevention and Health Promotion.

Achievement of these objectives is based, in part, on the capabilities of both public and private sector entities to systematically collect, analyze, interpret, and disseminate data that objectively measure progress. DATA2010 is an interactive database system developed by staff of the division of Health Promotion Statistics of the National Center for Health Statistics (NCHS), and contains the most recent monitoring data for tracking objectives at the national level. Collecting, maintaining, and using State-level data on the health status of populations is essential for understanding local public health issues and for strategic policy and program planning.[2] The HP2010 State Coordinator for California is Gregory A. Franklin, MHA, Deputy Director, California Department of Health Services (CDHS), Health Information and Strategic Planning Division. The CDHS Center for Health Statistics (CHS) under the direction of Michael L. Rodrian, and its Office of Health Information and Research under the direction of Michael Quinn, act as key coordinators for the *Healthy California 2010* monitoring efforts. Designated HP2010 Focus Area Representatives within the CDHS include staff from the Prevention Services Division under the direction of Kevin F. Reilly, DVM, MPVM, and the Primary Care and Family Health Division under the direction of Catherine Camacho.

METHODS

Each HP2010 objective has one target specified for all population groups to reach by the year 2010, a method that supports the HP2010 goal of eliminating health disparities. Operational definitions for each objective are provided in an Appendix to this report, as well as elsewhere.[3-4]

Data for monitoring the HP2010 objectives come from a variety of sources, including birth and death records, hospital discharge records, case registries, surveillance systems, surveys, and other special studies and reports. Overall, a total of 190 data sources are tapped nationally for monitoring and tracking HP2010 objectives. The availability and comparability of State-level data used for monitoring HP2010 objectives varies widely: some data, especially vital statistics (birth and death records), are standardized and comparable across jurisdictions; other data, especially those proposed for use in monitoring developmental objectives, are less readily available and inconsistent across State and national health jurisdictions.

Numerator data used for monitoring the 65 objectives contained in this report come from sources that the CHS has direct access to, and are tabulated using age, race-ethnic, and gender categories specified in HP2010.[5] Thirty-five (35) objectives use mortality extracted data from the Death Statistical Master Files, the Multiple Cause of Death Files, and the Birth Cohort Perinatal Files; seventeen (17) objectives use morbidity data extracted from the Office of Statewide Health Planning and Development (OSHPD) Patient Discharge Data files; twelve (12) objectives use natality data extracted from the Birth Statistical Master Files and also from the Birth Cohort Perinatal Files; and one (1) objective uses data extracted from the California Health Interview Survey. As *Healthy California 2010* monitoring extends beyond these data sources to include more objectives in other Focus Areas, a more complete picture of the health status of Californians will emerge and will provide policy makers, program managers, providers, and practitioners with more detailed information with which to plan and implement effective health promotion and prevention efforts.

Denominator data used in the calculation of rates for this report are provided by the California Department of Finance, the “official” source of population data for the State. These data have been updated to include the 2000 U.S. Census data for California, and have been modified using demographic models, estimation methods, and projection techniques unique to California.[6-7] It should be noted that the rates generated from DATA2010 for California are different from the rates shown in this report, since DATA2010 uses population denominator data from the 2000 U.S. Census that have been modified using a different methodology.[8]

Statistical methods used in this report are detailed in the Technical Notes section of this report and elsewhere, and will only be touched upon briefly here.[10-12]

Every effort has been made to make this report consistent with the operational definitions for the HP2010 objectives, as well as in the application of statistical methods commonly used with public health data (i.e., age-adjustment of rates, calculation of 95-percent confidence intervals used to measure variability of rates and to test the significance of differences between rates, and calculation of Relative Standard Errors used to measure the reliability of rates). In the absence of a sufficient number of data points to conduct trend analyses and develop projections to the year 2010, progress toward achieving the HP2010 targets is limited in this report to point-in-time interpretations of available data.

PRECAUTIONARY NOTE:

Readers are advised not to extend the interpretations of findings beyond their stated levels. For instance, where a finding is made that an objective has been achieved for all females this should not be interpreted to mean that it applies to females of a particular race-ethnic or age group. Similarly, where a finding is made that an objective has been achieved for a particular race-ethnic population, this should not be interpreted to mean that it applies to a disaggregated segment of that population of a particular age or gender group.

For further information on Healthy People 2010 objectives, operational definitions, methodologies, and data sources, please visit these Web sites:

http://www.healthypeople.gov/

http://www.cdc.gov/nchs/hphome.htm

http://wonder.cdc.gov/data2010/

http://odphp.osophs.dhhs.gov/projects/HealthComm/